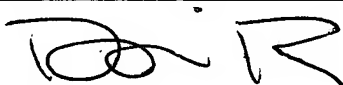


<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 10px auto; text-align: center;"> <b>OFFICE</b>  <b>FEB 08 2005</b>  <b>RECEIVED</b> </div>	Application Number	10/699,837
	Filing Date	November 4, 2003
	First Named Inventor	MAMITSU et al.
	Group Art Unit	2822
	Examiner Name	POTTER
	Attorney Docket Number	01-103-CON3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="display: flex;"> <div style="border: 1px solid black; padding: 2px; width: 100px;">Remarks</div> <div style="flex-grow: 1;"></div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual name	David G. Posz (Reg. No. 37,701) Posz & Bethards, PLC
Signature	
Date	February 8, 2005

CERTIFICATE OF FIRST CLASS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage on February 4, 2004 as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Type or printed name	
Signature	